**Instructions:**

* Complete this form electronically & save as <CS AR-PIname> (e.g., CS AR-SThomaston)
	+ Use the mouse, tab, or scroll to move through this form *(page up/down arrows will not work)*

|  |
| --- |
| **For EHSO input only** |
| **Date Submitted:** |  |

* E-mail the completed document to csp@emory.edu
	+ **To authenticate, the PI must send from his/her Emory mail account.**

|  |
| --- |
| **Section 1: Administrative Information** |
| Current Chemical Protocol Title: |       |
| Current Chemical Protocol File #: |       | Associated IACUC Protocol #: |       |
| Currently Approved Chemical(s): |       | Animal Species: |       |
| PI name: |       | Dept: |       |
| Campus address: |       | Phone #: |       |
| E-mail address: |       |
| Alternate Contact Name*:* |       | Phone #: |       |
| E-mail address: |       |
| Lab Building Name: |       | Lab Room #: |       |
| Animal Housing Building: |       | AH Room #: |       |
| **Section 2: Protocol Status** |
| [ ]  Renew Protocol **without** changes. This project will continue as is.  *Complete Sections 3 & 6*  |
| [ ]  Renew Protocol **with** changes. *Complete Sections 3, 4, & 6*  |
| [ ]  Amend Protocol. *Complete Sections 3, 4, & 6* |
| [ ]  Terminate or Transfer Protocol. *Complete Sections 5 & 6*  |
| **Section 3: Personnel Information** |
| [ ]  Add Personnel **NOTE:** *List only those individuals who will handle chemicals or work with animals following chemical administration.* |
| **Name** | **Student/Employee ID** | **Lab Safety Training Date****NOTE***: Training documentation should be located in the Lab Safety Binder and/or on Peoplesoft Self Service.* |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| [ ]  Continuing Personnel – *complete only for a renewal* |
| **Name** | **Student/Employee ID** | **Lab Safety Training Date** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| [ ]  Remove Personnel |
| **Name** | **Student/Employee ID** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **Section 4: Protocol Changes** |
| **Title Changes** |
| [ ]  Change Title(s) – *a title to an existing, approved protocol may be changed only if the research project procedure remain exactly the same* |
|       |
|       |
| [ ]  Add Title(s) -  *a title may be added to an existing, approved protocol only if the research project procedure remain exactly the same* |
|       |
|       |
| Justification for addition: |       |
| Describe the aims and procedures used in the new protocol title: |       |
| [ ]  Delete Title(s) – *a title may be deleted from an existing, approved protocol if the funding has ended* |
|       |
|       |
| **Chemical Changes** |
| [ ]  Add Agent(s)[ ]  Change routes of administration, dose, experiment duration, and/or days of treatment  |
| **Chemical Name** | **Routes****of Administration** | **Dose & Dose Frequency** | **Experiment Duration (days)** | **Days of Treatment** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Other Changes** |
| Please describe any other changes regarding your protocol below. Examples of information to include are changes in animal species, lab location, animal housing location, etc. |
|       |
| **Section 5: Terminations & Transfers** |
| [ ]  Terminate Protocol  |
| Reason for termination: |       |
| Date termination should go into effect: |       |
| [ ]  Transfer Protocol to another PI at Emory |
| Date transfer should go into effect: |       |
| PI name: |       | Dept: |       |
| Campus address: |       | Phone #: |       |
| E-mail address: |       |
| Alternate Contact Name*:* |       | Phone #: |       |
| E-mail address: |       |
| Lab Building Name: |       | Lab Room #: |       |
| **Section 6: Acknowledgement & Signature** |
| I have read and am familiar with the Chemical Hygiene Plan, applicable Material Safety Data Sheets, safety practices, containment equipment, and laboratory facilities recommendations for the chemicals used in this project. I understand that EHSO approval is contingent upon all personnel having completed annual Lab Safety Training. I also understand that all personnel listed on this protocol may be required to attend additional training upon review of this Chemical Safety Protocol Amendment / Renewal. I agree to ensure that all faculty, staff, and students working on this project will follow all safety recommendations as a condition of the EHSO approval of this project. |
|       |       |
| *Principal Investigator* | *Date* |

* *Save the form as <CS Renew-PI name>*
* *Submit electronically to* *csp@emory.edu*